

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name						Telephone Number	Date of Inspection PERMIT # (mm/dd/yr)		PERMIT#
Subway # 29999						812 951 1177	` ' '		
Establishment Address (number and street, city, state, zip code)							2/4/20 19-300		
1078 (-pper fire	12 Dr.	surgeton, 1	47124		512 541 2820		_	
Owner						Purpose:	Follow-up		e Date
Deans Bukhut						Routine	No 10 days		
Owner's Address						2. Follow-up	Summary of Violations:		
						3. Complaint	$ x \rangle$		
Person in Charge						4. Pre-Operational	C O NCZ RO		
Matt Daybarlt Responsible Person's E-mail						5. Temporary			
Responsible Person's E-mail						6. НАССР	Menu Type (See back of page)		
						7. Other (list)	12 × 345		
Certified Food Manager							12_	<u>_</u> 3	_45
12mg Burkhart (5/21/20)									•
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"									
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"									
Section#	Section# C/NC R Narrative						To Be Corrected By		
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Received by (name and title printed): Inspected by (name and title printed):									
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